

Provider Tips



Top 5 Denial Reasons and Reminders to Reduce Denials:

1. **Duplicate Billing:**
 - Use the Care1st Web portal to confirm claim status at any time
 - Allow 45-60 days from the initial claim submission prior to resubmitting
 - Contact Claims Customer Service to assist with questions prior to submitting duplicates
 - Provider correct code and original claim number when submitted resubmissions or voids
2. **Primary Insurance on file-Bill Primary Insurance:**
 - Verify coverage at each appointment
 - Use AHCCCS online to verify other coverage
3. **Patient Not Eligible on Date of Service:**
 - Confirm eligibility on AHCCCS online or Care1st Member Services prior to claims submission
4. **Provider Not Contracted – Auth Required:**
 - Refer all laboratory services to Sonora Quest (our exclusive lab)
 - Refer to the Prior Authorization Guidelines on the website
5. **Exceeds Timely Filing Guidelines:**
 - Initial claim submission must be received no later than 6 months from the date of service, or eligibility posting date, whichever is greater
 - Care1st secondary claims must be received within 6 months from the date of service/eligibility posting date, or within 60 days of the primary carrier's processing date as indicated on the EOB, whichever is greater
 - Resubmissions must be received within 12 months of the date of service, or eligibility posting date, whichever is greater



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Corrected Claim/ Resubmission Requirement Reminder

As a reminder, In accordance with national standards and AHCCCS guidelines, Care1st requires the original claim number on all corrected claims, resubmissions and voids in order to prevent duplicate or timely filing denials.

Corrected claims, resubmitted claims and voided claims received September 1, 2020 and after will be denied if not billed according to the guidelines outlined below:

CMS1500 claims:

- Corrected claims/ Resubmissions:
 - Include indicator 7 and the original claim number in field 22 (EDI Loop 2300 REF02)
- Voided claims:
 - Include indicator 8 and the original claim number in field 22 (EDI Loop 2300 REF02)

UB04 claims:

- Corrected claims/ Resubmissions:
 - Include bill type XX7 with the original claim number in field 64 (EDI Loop 2300 REF02)
- Voided claims:
 - Include bill type XX8 with the original claim number in field 64 (EDI Loop 2300 REF02)

Note –Prior to submitting a corrected claim/ resubmission project that exceeds 100 claims, please notify your Care1st Provider Representative or Claim Liaisons.

This information along with additional claim submission requirements are available in the Billing, Claims and Encounters Section XI of the Care1st Provider Manual available on our website: www.care1staz.com > Care1st > Providers > Manual

Tips to reduce denials are outlined on the left side of this communication labeled **Top 5 Denial Reasons and Reminders to Reduce Claim Denials.**

Please reach out to your Provider Representative or the Claims Liaisons at 602-778-1800 or toll free at 866-560-4042 if you have questions or concerns.